

## YOUTH SERVICES POLICY DEVELOPMENT, REVISION AND ANNUAL REVIEW

Check the topic that applies:

☐ **New Policy**      ☐ **Policy Revision**      ☐ **Annual Policy Review**

Policy Number: \_\_\_\_\_ (if new policy, leave blank)

Policy Title: \_\_\_\_\_

Last Policy Revision Date: \_\_\_\_\_ (if applicable)

COMMENTS:

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Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

### UNIT HEAD REVIEW

Date received: \_\_\_\_\_

To be completed by appropriate Central Office personnel.

☐ **Approve**  
☐ **Disapprove**

COMMENTS:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPUTY SECRETARY/CHIEF OF OPERATIONS' REVIEW

Date received: \_\_\_\_\_

☐ **Approve**  
☐ **Disapprove**

COMMENTS:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_